
ANTI-MONEY LAUNDERING QUESTIONNAIRE

Name of Banking Institution: _____

1. Is your institution subject to laws designed to combat money laundering in your home country?

Yes ☐
No ☐

- If available please provide

2. Does your institution have a physical presence in the country that they are registered in (i.e. not a shell bank).

Yes ☐
No ☐

3. Are your foreign branches and subsidiaries subject to anti-money laundering laws applicable to your head office?

Yes ☐
No ☐

4. Does your institution have a written policy designed to combat money laundering?

Yes ☐
No ☐

- If available please provide

5. Please confirm whether your written policy includes the following:

- | | | |
|--|-----|--------------------------|
| 1. Internal controls and procedures | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 2. Employee training program | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| 3. Independent audit/compliance function | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

6. Please confirm that to the best of your knowledge you are compliant with regulatory requirements as well as internal policies relating to money laundering.

Yes ☐
No ☐

7. Please confirm that you have been compliant during the last year.

Yes ☐
No ☐

8. Please provide a current list of your Board of Directors.

9. Are your bank shares publicly traded?

Yes ☐
No ☐

If yes on what
exchange: _____

10. Is a copy of your banking license available?

Yes ☐ - *If available please provide*
No ☐

If No, please provide a letter from your regulator stating that your Bank is in good standing.

11. Is a copy of your USA PATRIOT Act Certificate available?

Yes ☐ *Please Provide*
No ☐ *Question 11A must be completed*

11A. Does your institution deal with shell banks?

Yes ☐
No ☐

12. Ownership Details (Any single individual with 25% or more of ownership)

Yes ☐ Please provide name & occupation of such individual.
No ☐

13. Please provide the name of a responsible compliance officer for your institution

Name: _____
Title : _____
Phone: _____
Address: _____
Email: _____

The undersigned confirms and attests, the information provided herein is accurate.

Name (Please Print): _____ Title: _____

Signature : _____ Date : _____

Please return by facsimile to TD Bank, Financial Institutions - Fax: (1) 416-982-7838